

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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PYRAMID ENTERTAINMENT GROUP,  
INC.,

08 civ. 0138 (PAC)  
(ECF Case)

Plaintiff,

-against-

DENNIS EDWARDS, HI-C MANAGEMENT  
& PRODUCTION, INC. and PARADISE  
ARTISTS, INC.,

AFFIDAVIT OF  
SERVICE OF SUMMONS  
AND COMPLAINT UPON  
PARADISE ARTISTS, INC.

Defendants.

-----X

STATE OF NEW YORK

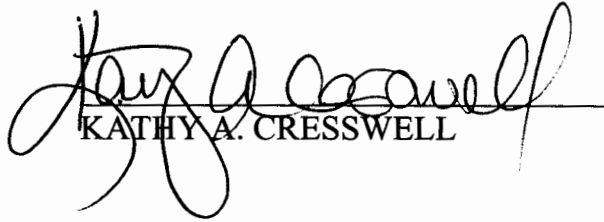
COUNTY OF NEW YORK

KATHY A. CRESSWELL being duly sworn deposes and says:

1. I am over the age of 18 and am not a party to this action.
2. On January 11, 2008 I caused copies of the summons and complaint, ECF Instructions, Judges' rules and Local Rule 7.1 Statement to be served upon defendant Paradise Artists, Inc. pursuant to CPLR §313 by mail, postage pre-paid requiring a return receipt, to said defendant to its offices located at 108 Matilijia Street, Ojai, California 93023.
3. I understand that service by return receipt mail is authorized under California Code of Civil Procedure 415.40.



4. Annexed hereto is a copy of the return receipt signed by Jordan Fries on January 16, 2008.



KATHY A. CRESSWELL

Sworn to before me this

22<sup>nd</sup> day of January, 2008.



JAMES P. CINQUE  
Notary Public, State of New York  
No. 0201603343  
Qualified in New York County  
Commission Expires March 27, 2012



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X <u>Jordan Fries</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><u>Paradise Artists</u>  <u>108 Matilija Street</u>  <u>Ojai, Ca 93023</u></p>		<p>B. Received by (Printed Name)  <u>Jordan Fries</u></p> <p>C. Date of Delivery  <u>JAN 16 2008</u></p>	
<p>2. Article Number  (Transfer from service label)</p> <p><u>7001 2510 0003 6548 6253</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

James P. Cingue Esq.  
Cingue & Cingue PC  
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New York, NY 10022